



400 Centennial Building
658 Cedar Street
St. Paul, MN 55155

SUBSTITUTE FORM W-9

TO:

DATE:

FROM: Minnesota Crime Victims Reparations Board

SUBJECT: Request for Taxpayer Information. (Failure to furnish a taxpayer identification number makes you subject to a penalty of \$50.)

The purpose of this form is to obtain or confirm your correct taxpayer name and identification number. Federal and state tax regulations require that we have this information from recipients of certain payments in order to report such payments to the Internal Revenue Service on the Form 1099 Return.

Please complete items 1, 2, and 3 below and return this form ASAP. A return envelope is enclosed. If you have any questions, phone (651) 201-8201 for assistance.

1. Check your tax filing status below and enter the social security number or federal employer identification number used to report to the IRS. If you have been issued a separate Minnesota tax identification number, write it in the space provided.

If you have recently applied for a taxpayer number, write "Applied For" in the space for the number.

<p>(Check One)</p> <p><input type="checkbox"/> Individual: Use SSN</p> <p><input type="checkbox"/> Sole Proprietorship: Use SSN or FEIN</p> <p><input type="checkbox"/> Corporation: Use FEIN</p> <p><input type="checkbox"/> Legal Partnership: Use FEIN</p> <p><input type="checkbox"/> Tax Exempt Organization: Use FEIN and list the section number of the IRS code under which you are claiming exemption: _____</p> <p><input type="checkbox"/> Other: Please explain on reverse side and include a tax number.</p>	<p>_____-_____-_____-_____-_____-_____-_____-_____-_____-</p> <p>SOCIAL SECURITY NUMBER (SSN)</p> <p>_____-_____-_____-_____-_____-_____-_____-_____-_____-</p> <p>FEDERAL EMPLOYER IDENTIFICATION (FEIN)</p> <p>_____-_____-_____-_____-_____-_____-_____-_____-_____-</p> <p>MINNESOTA TAX I.D. NUMBER (IF APPLICABLE)</p>
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2. Print the full name belonging to the social security number or employer identification number written above.
- _____
3. Certification. Under penalty of perjury, I certify the number shown on this form is my correct taxpayer identification number.

Signature: _____ Phone No. _____ Date: _____

PRIVACY ACT NOTICE - Internal Revenue code Section 6109 requires you to furnish your correct taxpayer identification number to payers who must file information returns with IRS. IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. Payers must generally withhold 28% of taxable interest and certain other payments to a payee who does not furnish a TIN to a payer.

FOR FINANCE DEPT. USE ONLY	TYPE	IND	TIN	UPDATE	USED
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